

REILLY TAR & CHEMICAL CORPORATION

TELEPHONE 317/838-7531
CABLE RETAR INDIANAPOLIS
TELEX 27.404



1810 MARKET SQUARE CENTER
151 NORTH DELAWARE STREET
INDIANAPOLIS, INDIANA 46204

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

June 1, 1981

United States Environmental Protection Agency
Region Ten
Sites Notification
Seattle, Washington 98101

Gentlemen:

We enclose herewith EPA Form 8900-1 (OMB Form No. 20000138) with respect to a site formerly owned by Reilly Tar & Chemical Corporation ("Reilly"). This form is submitted in order to avoid any possible allegation that Reilly has failed to comply with Section 103(c) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980. Reilly expressly reserves its right to question in an appropriate proceeding the applicability and the legality of the Act.

It is Reilly's belief that wastes from the operation of a coal tar refinery or a wood preservative plant using creosote are not hazardous. Reference is made to the Response of the American Wood Preservers Institute to notices issued by the EPA on October 18, 1978 of a Rebuttable Presumption Against Registration of pesticide products containing coal tar, creosote and coal tar neutral oils. Reilly is aware that creosote has been classified by the EPA as a hazardous waste in 40 C.F.R. §261.33(f) and that sludges from the treatment of wastewaters from wood preserving processes that use creosote and from creosote production have been classified as hazardous in 40 C.F.R. §261.32.

Such wastes may have been stored or treated at the facility for which this notice is submitted. Since the instructions for filing and the explanation of their applicability in the Federal Register are unclear, and because we desire to cooperate with EPA in its compilation of a comprehensive inventory this notice is submitted.

Very truly yours,

REILLY TAR & CHEMICAL CORPORATION

Robert Polack
General Counsel

RP:BG

R 200521

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Reilly Tar & Chemical Corporation
Street 151 North Delaware Street, Suite 1510
City Indianapolis State Ind Zip Code 46204

Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Reilly Tar & Chemical Corporation
Street 4503 Lake Washington Blvd., North
City Renton County King State Wash Zip Code 98055

Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Polack, Robert, General Counsel
Phone (317) 638-7531

Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1916 To (Year) 1971

Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item 1 - Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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R 200522

Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☒ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet _____

gallons None**Total Facility Area**

square feet _____

acres 30**Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items B and C are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Coal tar refinery. Built ca 1916. Sold June, 1972 to Quendall Terminals, Renton, Washington.

R 200523**Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in Item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required

Name Robert PolackStreet 151 North Delaware Street, Suite 1510City Indianapolis State Ind Zip Code 46204Signature [Signature]Date 6/1/81

- ☐ Owner, Present
☒ Owner, Past
☐ Transporter
☐ Operator, Present
☒ Operator, Past
☐ Other

PS Form 3811 AUG. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

| | | | | | | | | |
|--|---------------|-------------------------|----------------|---------------|-------------|--|---------|--|
| <p>● SENDER (Complete items 1, 2, and 3) Add your address in the "RETURN TO" space on reverse.</p> | | | | | | | | |
| <p>1. The following service is requested (check one).</p> <p><input checked="" type="checkbox"/> Show to whom and date delivered \$</p> <p><input checked="" type="checkbox"/> Show to whom, date, and address of delivery. \$</p> <p><input type="checkbox"/> RESTRICTED DELIVERY Show to whom and date delivered \$</p> <p><input type="checkbox"/> RESTRICTED DELIVERY Show to whom, date, and address of delivery. \$</p> <p>(CONSULT POSTMASTER FOR FEES)</p> | | | | | | | | |
| <p>2. ARTICLE ADDRESSED TO: USEPA Region 10 Site Notification Seattle, Wash 98101</p> | | | | | | | | |
| <p>3. ARTICLE DESCRIPTION:</p> <table border="1"> <tr> <td>REGISTERED NO.</td> <td>CERTIFIED NO.</td> <td>INSURED NO.</td> </tr> <tr> <td></td> <td>0806833</td> <td></td> </tr> </table> <p>(Always obtain signature of addressee or agent)</p> | | | REGISTERED NO. | CERTIFIED NO. | INSURED NO. | | 0806833 | |
| REGISTERED NO. | CERTIFIED NO. | INSURED NO. | | | | | | |
| | 0806833 | | | | | | | |
| <p>I have received the article described above.</p> <p>SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent</p> <p><i>[Signature]</i></p> | | | | | | | | |
| <p>DATE OF DELIVERY JUN 8 1981</p> | | <p>POSTMARK</p> | | | | | | |
| <p>5. ADDRESS (Complete only if requested)</p> | | | | | | | | |
| <p>6. UNABLE TO DELIVER BECAUSE</p> | | <p>CLERK'S INITIALS</p> | | | | | | |

☆ GPO : 1978-272-932

R 200524